



Participant Information Survey

Instructions:

Please use a pen to answer the questions on both sides of this form.

Please print clearly. Mark your choice within the box, like this: ☒

Your Name (or other way to identify you): _____

1. What is your date of birth?

		/			/				
Month			Day			Year			

2. What is your zip code?

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3. What is your sex?

☐ Female

☐ Male

4. Are you of Hispanic, Latino, or Spanish origin?

☐ Yes

☐ No

☐ Unknown

5. What is your race? *(Mark all that apply)*

☐ American Indian or Alaska Native

☐ Asian or Asian-American

☐ Black or African-American

☐ Native Hawaiian or Other Pacific Islander

☐ White

6. Has a health care provider ever told you that you have any of the following chronic conditions? *(Please mark all that apply)*

☐ Alzheimer's or Related Dementia

☐ Arthritis/Rheumatic Disease

☐ Breathing/Lung Disease (Asthma, Emphysema, Bronchitis, etc.)

☐ Cancer or Cancer Survivor

☐ Chronic Pain

☐ Depression or Anxiety Disorders

☐ Diabetes

☐ Heart Disease

☐ High Cholesterol

☐ Hypertension (High Blood Pressure)

☐ Multiple Sclerosis

☐ Osteoporosis (Low Bone Density)

☐ Stroke

☐ Other Chronic Condition: _____

☐ None (No Chronic Conditions)

Please turn over ⇨

Participant Information Survey (Continued)

Your Name (or other way to identify you): _____

7. During the past year did you provide regular care or assistance to a friend or family member who has a long-term health problem or disability?

☐ Yes ☐ No

8. Are you limited in any way in any activities because of physical, mental or emotional problems?

☐ Yes ☐ No

9. Today, how many people live in your household (including yourself)?

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(Number of people)

10. What is the highest grade or year of school you completed?

- ☐ Some elementary, middle or high school
☐ High school or GED
☐ Some college or technical school
☐ College 4 years or more

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0985-0036. The time required to complete this information collection is estimated to average 6 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Administration for Community Living, 1 Massachusetts Avenue, N.W., Room 5203, Washington, D.C. 20001, Attention: PRA Reports Clearance Office